

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

DLN: 93491131014185

OMB No 1545-0052

Open to Public Inspection

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

Internal Revenue Service For calendar year 2014, or tax year beginning 01-01-2014 and ending 12-31-2014

. •.		naan year z	eor i, oi tax ,	car beginning er	01 101 .	,	ila Cilaing 1	2 31 231.	
		ındatıon Adele Ilfeld Found	lation Inc				A Employer id 85-0312053	entification numbe	er
	ber and Vılla Sa		ox number if mail is i	not delivered to street addres	ss) Room/suite		B Telephone nu	ımber (see ınstructior	us)
		ı, state or province NM 87701	e, country, and ZIP o	r foreign postal code			C If exemption	application is pending	g, check here 🕨 🦵
G C	neck a	II that apply	Initial return	Tinitial return of a	a former public charit	.,	D 1 Foreign of	rganizations chock be	ere 🕨 🗀
u cı	ieck a		Final return	Amended return	•	y	_	rganizations, check he	• •
				ge Name change				rganizations meeting :k here and attach coi	
				n 501(c)(3) exempt priv				undation status was t n 507(b)(1)(A), chec	
Г _s	ection	4947(a)(1) no	onexempt charita	ble trust Γ Other tax			dider seeds	11 307(b)(1)(1), enec	K Here
		cet value of all		J Accounting method	▼ Cash	rual		ation is in a 60-month	
		from Part II, col. \$ 866,908	. (c),	Other (specify) (Part I, column (d) mus	t ha an each hages		under sectio	n 507(b)(1)(B), chec	k nere 🔽 I
			of Douglass		T De OII Casii Dasis.)				(d) Dichimon and
total of amounts in columns (b), (c), a necessanly equal the amounts in colun instructions))			(a) Revenue and expenses per books	(b) N	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
	1	Contributions	, gıfts, grants, et	c , received (attach					
		schedule)							
	2	Check 🟲 🔽 ıf	the foundation is	not required to attach					
		Sch B .							
	3	Interest on sa	avings and tempo	rary cash investments					
	4	Dividends and	d interest from se	curities	15,905		15,905		
	5a	Gross rents							
	ь	Net rental inc	ome or (loss)						
Φ_3	6a	Net gaın or (lo	oss) from sale of	assets not on line 10	62,769				
Revenue	ь		orice for all asset: 57,408	s on line 6 a					
ž	7	Capital gain n	iet income (from l	Part IV, line 2)			62,769		
	8	Net short-ter	m capital gain .					423	
	9	Income modif	ications						
	10a	Gross sales le allowances	ess returns and						
	b	Less Cost of	goods sold						
	С	Gross profit o	r (loss) (attach s	chedule)					
	11	Otherincome	(attach schedule	e)					
	12	Total. Add line	es 1 through 11		78,674		78,674	423	
	13	Compensation	n of officers, direc	tors, trustees, etc					
	14	O ther employ	ee salarıes and v	vages					
φ	15	Pension plans	, employee bene	fits					
SE.	16a	Legal fees (at	tach schedule).						
Expenses	ь	Accounting fe	es (attach sched	lule)	4,128		1,523		2,605
	С	O ther profess	ional fees (attacl	h schedule)	2,469		2,469		
Ē	17	Interest .							
Administrative	18	Taxes (attach	n schedule) (see i	nstructions)	774		269		20
₫.	19	Depreciation	(attach schedule) and depletion					
튜	20	Occupancy							
₫	21	Travel, confer	rences, and meet	ıngs					
and	22	Printing and p	oublications						
	23	O ther expens	es (attach sched	ule)	744		744		
atır	24	_	ng and administra						
Operating		Add lines 13	through 23		8,115		5,005		2,625
ŏ	25	Contributions	, gıfts, grants paı	d	26,200				26,200
	26	_	es and disburseme	ents. Add lines 24 and					
	27	25	26 6		34,315		5,005		28,825
	27		26 from line 12	oc and dishumeness+-	44,359				
	a		enue over expens nt income (if nega	ses and disbursements	44,339		73,669		
	b		-	ve, enter -0-)			73,009	423	
	С	Aujusteu net	income (ii liegati	ve, enter -o-)				723	

Par	t II	Balance Sheets Should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	. ,		,
	2	Savings and temporary cash investments	30,790	76,869	76,869
	3	Accounts receivable -			
		Less allowance for doubtful accounts 🕨			
	4	Pledges receivable 🟲			
		Less allowance for doubtful accounts 🕨			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
ای	8	Inventories for sale or use			
Sets Sets		Prepaid expenses and deferred charges			
(연)		Investments—U S and state government obligations (attach schedule)			
` 		Investments—corporate stock (attach schedule)	755,554	95. 759,674	759,674
		Investments—corporate bonds (attach schedule)	62,064	-	
.		Investments—land, buildings, and equipment basis ▶		,	,
		Less accumulated depreciation (attach schedule)			
.		Investments—mortgage loans			
		Investments—other (attach schedule)			
		Land, buildings, and equipment basis			
'		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)	445	95. 114	114
	16	Total assets (to be completed by all filers—see the			
	10	instructions Also, see page 1, item I)	848,853	866,908	866,908
1	17	Accounts payable and accrued expenses	·	·	,
	 18	Grants payable			
φ L		Deferred revenue			
₽l		Loans from officers, directors, trustees, and other disqualified persons			
용 [Mortgages and other notes payable (attach schedule)			
-		Other liabilities (describe			
		Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here 🕨 🔽			
Fund Balances		and complete lines 24 through 26 and lines 30 and 31.			
욃.	24	Unrestricted	182,007	200,062	
훘.	25	Temporarily restricted			
<u>ا</u>	26	Permanently restricted	666,846	666,846	
를		Foundations that do not follow SFAS 117, check here			
5		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Œ١		Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
<u>ا</u> چ	30	Total net assets or fund balances (see instructions)	848,853	866,908	
	31	Total liabilities and net assets/fund balances (see instructions)	848,853	866,908	
Par	t II	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	gree	
_					848,853
2		Enter amount from Part I, line 27a		 	44,359
3		Other increases not included in line 2 (itemize)		3	·
4		Add lines 1, 2, and 3		4	893,212
5		Decreases not included in line 2 (itemize) ▶		_ % 3 5	26,304
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II, column (b), l	ne 30 . 6	866,908

	the kınd(s) of property sold (e g , re ouse, or common stock, 200 shs M	P.	How acquired —Purchase —Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
See Additional Data	T able				
	(f) Depressation allows	d (a) Cost or of	thor bacic	(h) Gaun	or (loss)
e) Gross sales price	(or allowable)				
See Additional Data	Γable (
mplata only for accets	showing gain in column (h) and owns	ad by the foundation on 1	2/31/60	(I) Cours (Col	(h)
FM V as of 12/31/69	as of 12/31/69				
See Addıtıonal Data	Table Table				
	į.	If (loss), enter -0 - in Pa		2	62,769
			o- Ì		
		• • • • • •	· }	з	423
V Qualification	Jnder Section 4940(e) for R	teduced Tax on Net	Investme	nt Income	
nonal use by domestic	private foundations subject to the se	ection 4940(a) tax on ne	t investment	income)	
40.40(1)(0)					
on 4940(d)(2) applies,	eave this part blank				
				rıod?	┌ Yes ┌ No
ter the appropriate amo	unt in each column for each year, se	ee instructions before ma	akıng any entı	ries	
1-1					
(a)	(b)	(c)		(d)	
period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-	use assets	(d) Distribution (col (b) divided	
		(c) Net value of noncharitable-	use assets 804,918	Distribution	
period years Calendar or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-		Distribution	by col (c))
period years Calendar or tax year beginning in) 2013	Adjusted qualifying distributions	(c) Net value of noncharitable-	804,918	Distribution	by col (c)) 0 062645
period years Calendar or tax year beginning in) 2013 2012	Adjusted qualifying distributions 50,424 43,027	(c) Net value of noncharitable-	804,918 757,616	Distribution	by col (c)) 0 062645 0 056793
period years Calendar or tax year beginning in) 2013 2012 2011	Adjusted qualifying distributions 50,424 43,027 51,073	(c) Net value of noncharitable-	804,918 757,616 763,997	Distribution	by col (c)) 0 062645 0 056793 0 06685
penod years Calendar or tax year beginning in) 2013 2012 2011 2010 2009	Adjusted qualifying distributions 50,424 43,027 51,073 31,553	Net value of noncharitable-	804,918 757,616 763,997 745,525 659,023	Distribution	by col (c)) 0 062645 0 056793 0 06685 0 042323 0 018949
period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column	Adjusted qualifying distributions 50,424 43,027 51,073 31,553 12,488 n (d)	Net value of noncharitable-	804,918 757,616 763,997 745,525 659,023 	Distribution (col (b) divided	by col (c)) 0 062645 0 056793 0 06685 0 042323 0 018949 0 24756
penod years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, colum A verage distribution the number of years	Adjusted qualifying distributions 50,424 43,027 51,073 31,553 12,488 n (d)	Net value of noncharitable-	804,918 757,616 763,997 745,525 659,023 	Distribution (col (b) divided	by col (c)) 0 062645 0 056793 0 06685 0 042323 0 018949 0 24756
penod years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column A verage distribution the number of years. Enter the net value of the properties of the column and	Adjusted qualifying distributions 50,424 43,027 51,073 31,553 12,488 n (d)	Net value of noncharitable- Ne	804,918 757,616 763,997 745,525 659,023 	Distribution (col (b) divided	by col (c)) 0 062645 0 056793 0 06685 0 042323 0 018949 0 24756 0 049512
period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column A verage distribution the number of years Enter the net value of Multiply line 4 by line	Adjusted qualifying distributions 50,424 43,027 51,073 31,553 12,488 In (d)	Net value of noncharitable- Ne	804,918 757,616 763,997 745,525 659,023 	Distribution (col (b) divided	by col (c)) 0 062645 0 056793 0 06685 0 042323 0 018949 0 24756 0 049512 857,685
penod years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column A verage distribution the number of years Enter the net value of Multiply line 4 by line Enter 1% of net investigation or the second secon	Adjusted qualifying distributions 50,424 43,027 51,073 31,553 12,488 In (d)	Net value of noncharitable- vide the total on line 2 by a if less than 5 years 4 from Part X, line 5.	804,918 757,616 763,997 745,525 659,023 	Distribution (col (b) divided 2 3 4 5 6	by col (c)) 0 062645 0 056793 0 06685 0 042323 0 018949 0 24756 0 049512 857,685 42,466
penod years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column A verage distribution the number of years and the number of years. Enter the net value of Multiply line 4 by line Enter 1% of net invealed the Add lines 5 and 6.	Adjusted qualifying distributions 50,424 43,027 51,073 31,553 12,488 In (d)	Net value of noncharitable- Net value of noncharitable- vide the total on line 2 by e if less than 5 years from Part X, line 5.	804,918 757,616 763,997 745,525 659,023 	Distribution (col (b) divided	by col (c)) 0 062645 0 056793 0 06685 0 042323
	See Additional Data See Additional Data See Additional Data Met Short-term capital If gain, also enter in Fin Part I, line 8 Qualification Unional use by domestic part 4940(d)(2) applies, if foundation liable for the the foundation does not be seen as a second contact of the founda	See Additional Data Table See Additional Data Table See Additional Data Table mplete only for assets showing gain in column (h) and owner (j) Adjusted basis as of 12/31/69 See Additional Data Table Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in section If gain, also enter in Part I, line 8, column (c) (see instruin Part I, line 8	See Additional Data Table (f) Depreciation allowed (g) Cost or of plus expens See Additional Data Table See Additional Data Table mplete only for assets showing gain in column (h) and owned by the foundation on 1 FM V as of 12/31/69 See Additional Data Table Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 12/22(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -in Part I, line 8	See Additional Data Table (f) Depreciation allowed (or allowable) See Additional Data Table See Additional Data Table See Additional Data Table Minimizer only for assets showing gain in column (h) and owned by the foundation on 12/31/69 FM V as of 12/31/69 See Additional Data Table Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 7 in Part I, line 8	See Additional Data Table (f) Depreciation allowed (or allowable) See Additional Data Table (f) Depreciation allowed (or allowable) See Additional Data Table (or allowable) (or allowable) (p) Loss of sale (e) plus (f) See Additional Data Table (g) Cost or other basis plus expense of sale (e) plus (f) (e) plus (f) (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (e) plus (f) (g) Loss or other basis plus expense of sale (f) plus (f) (g) Cost or other basis (f) plus (f) (h) Gains (Col col (k), but not losses (from fine for the section for part I, line 7 and power of the part I, line 8 and power of the part I, lin

	990-PF (2014)			age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here Fand enter "N/A"			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		:	1,473
	here Fand enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2			1,473
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		:	1,473
6	C redits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1,473
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt partıcıpate or ıntervene ın any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		No
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation \$ (2) On foundation managers \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е	on foundation managers * \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	If "Yes," attach a detailed description of the activities.			110
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions 			
	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
	and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NM			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$			
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	10	لــــــا	No

Da	t VIII-A Statements Regarding Activities (continued)			age c
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
11	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			110
12	advisory privileges? If "Yes," attach statement (see instructions)	12		No
12		13	Yes	NO
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address		res	
14	The books are in care of ▶Jeff Salman Telephone no ▶(505)) 425.	9421	
	Located at ▶34 Villa Sangria Las Vegas NM ZIP+4 ▶87701	,	,,,,,	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year		•	- 1
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days) Yes ▼ No			
Ь	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations	١		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		_
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	١.		١
	that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
L	If "Yes," list the years > 20, 20, 20, 20			
Ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	2b		
_	to all years listed, answer "No" and attach statement—see instructions)	20		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
20	▶ 20, 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
За				
L	any time during the year?	1		1
U	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	1		
		1		1
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	1		
		3b		1
4-	If the foundation had excess business holdings in 2014.)			NI-
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Pa	rt VII-B Sta	tements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	')	1 age O
5a	During the year	did the foundation	n pay	or incur any amoun	t to						
	(1) Carry on pro	paganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	:)) [?]	√ No		
	(2) Influence th	e outcome of any	spec	ıfıc publıc election (see	section 4955), or to	car	ry			
	on, directly	or indirectly, any	voter	registration drive?.				┌ Yes ┌	√ No		
	(3) Provide a gi	ant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provide a gi	ant to an organiza	ition	other than a charita	ble,	etc , organization de	scrib	ped			
	ın section 4	945(d)(4)(A)? (s	ee ins	structions)				┌ Yes ┌	√ No		
	(5) Provide for a	any purpose other	than	religious, charitabl	e, sc	ientific, literary, or					
	educational	purposes, or for t	he pr	evention of cruelty t	to ch	ıldren or anımals?.		Yes 🔽	√ No		
b	If any answer is	"Yes" to 5a(1)-(5), d), did any of the transactions fail to qualify under the exceptions described in							
	Regulations sec	tion 53 4945 or i	nac	urrent notice regard	ling c	lısaster assıstance	(see	instructions)?		5b	
	O rganizations r	elyıng on a curren	t not	ice regarding disast	eras	sistance check her	e	▶↑	- [
С				4), does the foundat							
								T Yes [- _{No}		
				y Regulations section							
6a				ceive any funds, dire			prer	niums on			
									√ No		
ь										6b	No
	If "Yes" to 6b, fi			,	•	., .			ŀ		-
7a	•		vas tl	ne foundation a party	v to a	nrohibited tax shel	lter ti	ransaction? TYes F	- No		
								the transaction?		7b	
								n Managers, Highly			ovees
Pa		Contractors			-,	ustees, i suitae				р.	, , , ,
1	List all officers,	directors, trustee	s, foı	ındation managers a	nd t	heir compensation (see i	nstructions).			
				Title, and average		c) Compensation		(d) Contributions to	(e) E:	xpense	account,
	(a) Name and	daddress	1	hours per week evoted to position	(1	(f not paid, enter -0-)		mployee benefit plans I deferred compensation			wances
See	Addıtıonal Data T	ahle		.voccu to position		• ,	una	deterred compensation			
	Additional Data 1	чыс	1								
			┨								
									-		
			-								
2	Compensation of	five highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, er	nter "N	ONE."	
/	. N			(b) Title, and aver	age			(d) Contributions to	(-) [
(a		ss of each emplo nan \$50,000	/ee	hours per week		(c) Compensation	on	employee benefit plans and deferred	1	•	account, wances
	F	····· + · · / · · · /		devoted to positi	on			compensation			
NON	1E										
				1							
									-		
								<u> </u>			
Tota	ı l number of other	employees paid o	vers	\$50,000					1		0

Form 990-PF	(2014)		Page 7
Part VIII	Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Hi	ghly Paid Employees,
3 Five high	est-paid independent contractors for professional services	s (see instructions). If none, enter "NO!	NE".
(a) Name a	nd address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
_			
_			
Total number	of others receiving over \$50,000 for professional services	5	<u>▶</u>
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct charitable activities during the tax year. Include i other beneficiaries served, conferences convened, research papers pro		er of Expenses
1 NONE			0
2			
3			
4			
Part IX-B	Summary of Program-Related Investments	(see instructions)	•
Describe the t	wo largest program-related investments made by the foundation durin	g the tax year on lines 1 and 2	A mount
1 NONE			0
2			
•	ogram-related investments See instructions		
3			
T-1-1 A dd 1	and Albumanumb 2		<u> </u>
Total. Add line	esitnrough 3		▶

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 852.584 1a 1h 18.162 1c 1d 870.746 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 870.746 3 Subtract line 2 from line 1d. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 13.061 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 857.685 5 42.884 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 42.884 1 Tax on investment income for 2014 from Part VI, line 5. 1.473 2a Income tax for 2014 (This does not include the tax from Part VI). . . 2c 1.473 3 3 41.411 4 4 5 5 41.411 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 41.411 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 28.825 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 28,825 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 28,825 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

	olidistributed filcollie (see liisti		1		
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	Distributable amount for 2014 from Part XI, line 7	Corpus	Tears prior to 2013	2013	41,411
	Undistributed income, if any, as of the end of 2014				11,111
	Enter amount for 2013 only			1,836	
	Total for prior years 20, 20, 20				
	Excess distributions carryover, if any, to 2014				
	From 2009				
	From 2010				
	From 2011				
	From 2012				
	From 2013				
f	Total of lines 3a through e				
	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$ 28,825				
а	Applied to 2013, but not more than line 2a			1,836	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				26,989
	Applied to 2014 distributable amount				26,985
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
Ü	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed.				
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions				
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see				
_	instructions				
t	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				14,422
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.				
-	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2010				
b	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
е	Excess from 2014				

ŀ	art XIV Private Operating Four	idations (see in	nstructions and P	art VII-A, questic	on 9)	
1a	If the foundation has received a ruling or d					
	foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organiza	ation is a private o	perating foundation	ı described in sectio	n 4942(j)(3) o	r 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(0) 10111
	year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
a	Amounts included in line 2c not used directly for active conduct of exempt					
	activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
,	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
h	under section 4942(j)(3)(B)(i) "Endowment" alternative test— enter 2/3					
U	of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support					
	from an exempt organization (4) Gross investment income					
Pa	rt XV Supplementary Information	n (Complete t	⊥ his part only if	the organization	on had \$5.000 o	or more in
	assets at any time during				γο,	
1	Information Regarding Foundation Manage	ers:				
а	List any managers of the foundation who habefore the close of any tax year (but only if					dation
	belove the close of any tax year (but only in	they have contrib	acea more than \$5,	,000) (See Seetion	307 (d)(2))	
	Kathryn Polster					
b	List any managers of the foundation who ov				ly large portion of tl	ne
	ownership of a partnership or other entity)	of which the founda	atıon has a 10% or	greater interest		
	NONE					
2	Information Regarding Contribution, Grant	Gift Loan Schola	archin etc Program	me:		
_						
	Check here I if the foundation only make unsolicited requests for funds. If the found					
	other conditions, complete items 2a, b, c, a		grants, etc. (sec.iii	stractions, to marri	addie of organization	and of
а	The name, address, and telephone number	or e-mail address	of the person to w	hom applications sh	ould be addressed	
	Jeff Salman					
	34 Villa Sangria					
	Las Vegas, NM 87701 (505) 425-9421					
	jsalman505@gmail com					
— ь	The form in which applications should be s	ubmitted and infor	mation and materia	als they should inclu	ide	
_	Exhibit Attached			,		
_	Any submission deadlines					
_	15th day after end of qtr					
	Any restrictions or limitations on awards,	such as by deodra	nhical areas charit	able fields, kinds of	institutions or othe	
u	factors	such as by geogra	pincai areas, ciidiil	able lielus, Killus Ol	madicadona, or othe	~ I
	Exhibit Attached					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid		proved for F	uture Pavment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	551131123351	
a Paid during the year				
Pecos Valley Medical Center PO Box 710 Pecos,NM 87552	NA	PC	Indigent Health	8,400
Mora Valley Community Health PO Box 209 Mora,NM 87732	NA	PC	Indigent Health	8,400
Ride To Pride Part Inc PO Box 806 Las Vegas, NM 87701	NA	PC	Indigent Health	8,400
Mental Health Assoc of NM PO Box 513 Las Vegas, NM 877010513	NA	PC	Indigent Health	1,000
Total			▶ 3a	26,200
				

Form 990-P	<u> </u>					Page 12
	A Analysis of Income-Produci amounts unless otherwise indicated		s usiness income	Excluded by sectio	n 512 513 or 514	(e)
_	service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
ь 						
e f						
2 Members 3 Interest	nd contracts from government agencies ship dues and assessments on savings and temporary cash tents					
5 Net rent	Dividends and interest from securities			14	15,905	
b Not de 6 Net rent	nanced property bt-financed property al income or (loss) from personal					
8 Gain or o	vestment income			18	62,769	
10 Gross pr 11 Other re	me or (loss) from special events rofit or (loss) from sales of inventory venue a					
c						
12 Subtotal 13 Total. A	Add columns (b), (d), and (e)dd line 12, columns (b), (d), and (e)rksheet in line 13 instructions to verify ca			:	78,674 13	
	Relationship of Activities to Explain below how each activity for whice the accomplishment of the foundation's instructions)	the Accomp	ported ın column (e) of Part XVI-A c	ontributed importa	

Part	XVI	Noncharitable				action	is and F	ceiationsnips	with			
		rganization directly or ii	ndirectly	engage in any of	the following wit						Yes	No
	anızat	501(c) of the Code (other	er than se	ction 501(c)(3) (organizations) o	in seci	ion 527,	relating to politic	aı			-110
_		s from the reporting four	dation to	a noncharitable	evemnt organiza	tion of						
		h								1a(1)		No
		erassets								1a(2)		No
` '		insactions								14(1)		-110
		s of assets to a noncha	rıtable ex	empt organizatio	n					1b(1)		No
		hases of assets from a								1b(2)		No
		al of facilities, equipme								-		No
		nbursement arrangemen								1b(4)		No
		ns or loan guarantees.								1b(5)		No
		rmance of services or n								1b(6)		No
		of facilities, equipment, i								1c		No
		swer to any of the above									lue lue	
of t	he god any tra	ods, other assets, or se ansaction or sharing arra (b) Amount involved	rvices giv angement	en by the reporti	ng foundation I (d) the value of	the fou the god	indation re ods, other	eceived less than	n fair marke es receive	et value ed	!	nts
,		, ,			. ,		· · ·	,	· ·			
2a Is	the for	undation directly or indi	rectly affi	liated with or rela	ated to one or n	nore tax	-exempt (organizations				
des	cribe	d in section 501(c) of th complete the following : (a) Name of organization	ne Code (d schedule	other than sectio		ın sectı			otion of relati		es [, No
				+								
Sign	the	der penalties of perjury, best of my knowledge a rmation of which prepar	nd belief,	it is true, correc					n taxpaye	r) is bas	sed on	
Here		****			2015-05-11	k.	*****		return	IRS disci		
	,	Signature of officer or t	rustee		Date	- •	Title		below	preparer tr)? <mark>▼ Y</mark>		
		Print/Type preparer's Lawrence C Johns C		Preparer's Sign	ature	Date		Check if self- employed ▶▼	PTIN P(012022	215	
Paid Prep Use	arer		4	1		1		Firm's EIN ► 85	5-035743	3		
Only		Firm's address ►	\	NINA OTTOKA				Dh	\ 425 = 55			
om,		1019 Douglas Ave L	as Vegas	,NM 8//01448	5 3			Phone no (505)425-523	19		
		İ						ı				

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
Investment Co of America Cap Gain D	Р	1991-08-21	2014-12-23
Investment Co of America Cap Gain D	Р	1991-08-21	2014-12-24
Transamerica Sht Term A Cap Gain Di	Р	2014-11-03	2014-12-24
Transamerica Sht Term C Cap Gain Di	Р	2011-05-19	2014-12-23
Vanguard Short Term Bd Cap Gain Dis	Р	2013-03-08	2014-04-07
Vanguard Short Term Bd Cap Gain Dis	Р	2013-03-08	2014-12-30
Vanguard Total Bnd Mkt Cap Gain Dis	Р	2012-04-13	2014-12-30
22556sh Calamos Growth & Income A	Р	2013-12-19	2014-11-03
138784sh Calamos Growth & Income A	Р	2013-12-19	2014-11-03
5642sh Calamos Growth & Incme A	Р	2014-03-20	2014-11-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
9,599			9,599
848			848
32			3 2
71			71
3			3
16			16
7			7
794		736	58
4,886		4,530	356
198		190	8

Complete only for assets showir	omplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) o l Losses (from col (h))
I		1	I

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
90072sh Investment Co of America	Р	1991-08-21	2014-09-09
618221sh Franklın Growth A	Р	1991-02-19	2014-11-03
10000 GE Capital Finan 1450 14MY20	Р	2011-05-18	2014-05-20
10000 JP Morgan Chase 5125 14SP15	Р	2011-05-18	2014-09-15
10000 Verizon Comm Inc 5500 17AP01	Р	2011-05-18	2014-11-24
57sh Vanguard Short Term Bnd	Р	2013-03-08	2014-08-15
2sh Ishares Russell Mıdcap G ETF	Р	2008-04-14	2014-08-15
2sh Ishares Russell Mıdcap V ETF	Р	2011-01-14	2014-04-11
2sh Ishares Russell Mıdcap V ETF	Р	2011-01-14	2014-08-15
41sh Ishares Russell 1000 Grw ETF	Р	2011-05-18	2014-04-11

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
3,600		1,581	2,019
45,000		7,960	37,040
10,000		10,000	
10,000		10,951	-951
11,050		11,396	-346
4,577		4,616	-39
178		104	74
135		92	43
143		92	51
3,452		2,516	936

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))
ı		<u> </u>	1

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
23sh Ishares Russell 1000 Value ETF	Р	2010-06-04	2014-08-15
8sh Vanguard FTSE Emerging Markets	Р	2011-05-18	2014-08-15
1192sh Calamos Growth & Income A	Р	2014-06-19	2014-11-03
5844sh Calamos Growth & Income A	Р	2014-09-18	2014-11-03
5172sh Calamos Growth & Income A	Р	2012-09-20	2014-11-03
11721sh Calamos Growth & Income A	Р	2012-12-20	2014-11-03
37037sh Calamos Growth & Income A	Р	2012-12-20	2014-11-03
1151631sh Calamos Growth & Incme A	Р	2003-06-25	2014-11-03
4132sh Calamos Growth & Income A	Р	2003-07-01	2014-11-03
3238sh Calamos Growth & Income A	Р	2003-09-30	2014-11-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
2,309		1,309	1,000
358		386	-28
42		42	
206		205	1
182		174	8
413		375	38
1,304		1,186	118
40,544		30,000	10,544
145		103	42
114		83	31

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
8065sh Calamos Growth & Income A	Р	2004-01-02	2014-11-03
2445sh Calamos Growth & Income A	Р	2004-03-29	2014-11-03
6219sh Calamos Growth & Income A	Р	2004-06-29	2014-11-03
3362sh Calamos Growth & Income A	Р	2004-09-28	2014-11-03
6718sh Calamos Growth & Income A	Р	2005-01-04	2014-11-03
6445sh Calamos Growth & Income A	Р	2005-04-11	2014-11-03
3183sh Calamos Growth & Income A	Р	2005-06-28	2014-11-03
2786sh Calamos Growth & Income A	Р	2005-09-27	2014-11-03
11050sh Calamos Growth & Income A	Р	2006-01-03	2014-11-03
10735sh Calamos Growth & Income A	Р	2006-04-11	2014-11-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
284		224	60
86		69	17
219		174	45
118		92	26
237		201	36
227		190	37
112		94	18
98		86	12
389		342	47
378		351	27

Complete only for assets show	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))
ı		ı	I

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
3548sh Calamos Growth & Income A	Р	2006-06-27	2014-11-03
2766sh Calamos Growth & Income A	Р	2006-09-26	2014-11-03
7056sh Calamos Growth & Income A	Р	2007-01-04	2014-11-03
2970sh Calamos Growth & Income A	Р	2007-03-27	2014-11-03
3860sh Calamos Growth & Income A	Р	2007-06-26	2014-11-03
5046sh Calamos Growth & Income A	Р	2007-09-25	2014-11-03
7587sh Calamos Growth & Income A	Р	2008-01-02	2014-11-03
6705sh Calamos Growth & Income A	Р	2008-06-24	2014-11-03
8291sh Calamos Growth & Income A	Р	2008-09-22	2014-11-03
5579sh Calamos Growth & Income A	Р	2008-12-18	2014-11-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
125		108	17
97		87	10
248		223	25
105		94	11
136		128	8
178		172	6
267		240	27
236		199	37
292		216	76
196		117	79

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		(I) Gains (Col (h) gain minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))
ı		<u> </u>	1

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
3773sh Calamos Growth & Income A	Р	2009-03-23	2014-11-03
9375sh Calamos Growth & Income A	Р	2009-06-18	2014-11-03
4563sh Calamos Growth & Income A	Р	2009-09-17	2014-11-03
9785sh Calamos Growth & Income A	Р	2009-12-17	2014-11-03
5883sh Calamos Growth & Income A	Р	2010-03-18	2014-11-03
6874sh Calamos Growth & Income A	Р	2010-06-17	2014-11-03
8487sh Calamos Growth & Income A	Р	2010-09-17	2014-11-03
10130sh Calamos Growth & Income A	Р	2010-12-16	2014-11-03
2916sh Calamos Growth & Income A	Р	2011-06-16	2014-11-03
5688sh Calamos Growth & Income A	Р	2011-09-22	2014-11-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
133		79	54
330		224	106
161		125	36
344		276	68
207		171	36
242		192	50
299		244	55
357		315	42
103		92	11
200		170	30

Complete only for assets showir	omplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))
I		1	I

profit fulfill capital camp and respect to tax on rint			
(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
9361sh Calamos Growth & Income A	Р	2011-12-22	2014-11-03
7895sh Calamos Growth & Income A	Р	2012-03-22	2014-11-03
5399sh Calamos Growth & Income A	Р	2012-06-21	2014-11-03

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

. Cilii DDCI I Tai Car		X OII ZIII ODUII OIII ZII OOIII O		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
330		288	4	2
278		261	1	7
190		168	2	2

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	col (k), but not less than -0-) or Losses (from col (h))

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Philip J Wolff III	President	0	0	0
611 National Ave Las Vegas,NM 87701	1 00			
Jeff Salman	Treasurer	0	0	0
34 Villa Sangria Las Vegas,NM 87701	1 00			
Editha Bartley	Director	0	0	0
HC 69 Box 18 Rociada, NM 87742	1 00			
Kathryn Polster	Director	0	0	0
14530 Deervale Place Sherman Oaks, CA 91403	1 00			
Peter Tart	Vice President	0	0	0
717 N Harwood 9th Floor Dallas,TX 75201	1 00			
Rhonda Paynter	Secretary	0	0	0
HC 33 Box 37 Montezuma,NM 87731	1 00			
Richard Nordhaus	Director	0	0	0
700 Fitzgerald Rd NW Albuquerque,NM 87107	1 00			
Mary Nordhaus	Director	0	0	0
700 Fitzgerald Rd NW Albuquerque,NM 87107	1 00			

TY 2014 Accounting Fees Schedule

Name: Charles & Adele Ilfeld Foundation Inc

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
QUARTERLY FINANCIAL STATEMENTS	3,047	1,523	0	1,524
PREPARATION OF 2012 FORM 990PF	1,081	0	0	1,081

TY 2014 Investments Corporate Bonds Schedule

Name: Charles & Adele Ilfeld Foundation Inc

Name of Bond	End of Year Book Value	End of Year Fair Market Value
Ally Bank UT 1.8 CD	10,057	10,057
JP Morgan Chase Co 5.125	0	0
Dell Inc 2.3	10,010	10,010
Verizon Communications 5.5	0	0
GE Capital Financial 2.2 CD	10,184	10,184
GE Capital Financial 1.45 CD	0	0

ı	efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -	DLN: 93491131014185

TY 2014 Investments Corporate Stock Schedule

Name: Charles & Adele Ilfeld Foundation Inc

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CALAMOS CONVERTIBLE GRTH & INC	0	0
FRANKLIN GROWTH FUND CLASS A	124,997	124,997
CAPITAL INCOME BUILDERS FUND C	103,514	103,514
EUROPACIFIC GROWTH FUND CLASS	107,514	107,514
INVESTMENT COMPANY OF AMERICA	126,340	126,340
Transamerica Sht Term Bd Fd C	53,638	53,638
Ishares Russell Midcap Value I	11,064	11,064
Ishares Russell Midcap Growth	11,188	11,188
Ishares Russell 1000 Value Ind	39,985	39,985
Ishares Russell 1000 Growth In	48,952	48,952
Ishares Tr Russell 2000 Value	8,846	8,846
Ishares Tr Russell 2000 Growth	9,112	9,112
Transamerica Sht Term Bd Fd A	24,148	24,148
Vanguard FTSE Emerging Mkt ETF	12,646	12,646
Vanguard FTSE Developed Mk ETF	42,994	42,994
Vanguard Total Bd Market ETF	4,366	4,366
Spdr Barclays Capital Internat	2,158	2,158
Spdr Barclays Capital High Yie	8,456	8,456
Invesco Premier Inst	4,406	4,406
Vanguard Short Term Bond	15,350	15,350

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491131014185

TY 2014 Other Assets Schedule

Name: Charles & Adele Ilfeld Foundation Inc

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
ACCRUED INTEREST AND DIVIDENDS RECE	445	114	114

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491131014185

TY 2014 Other Decreases Schedule

Name: Charles & Adele Ilfeld Foundation Inc

Description	Amount
FAIR MARKET VALUE OF SECURITIES	-789,925
COST BASIS	562,671
PRIOR YEARS UNREALIZED GAIN	253,558

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491131014185

TY 2014 Other Expenses Schedule

Name: Charles & Adele Ilfeld Foundation Inc

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Directors Liability Insurance	744	744	0	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491131014185

TY 2014 Other Professional Fees Schedule

Name: Charles & Adele Ilfeld Foundation Inc

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Smith Barney Advisory Services	2,469	2,469	0	0

TY 2014 Taxes Schedule

Name: Charles & Adele Ilfeld Foundation Inc

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CORP FILING FEES	20	0	0	20
FOREIGN TAX WITHHELD	269	269	0	0
2013 EXCISE TAX	485	0	0	0

PROCEDURES GOVERNING APPLICATION FOR FUNDS FROM CHARLES AND ADELE ILFELD FOUNDATION, INC. CRITERIA TO BE APPLIED IN DISTRIBUTING SAID FUNDS, AND REPORTING REQUIREMENTS AS SET FORTH HEREINBELOW:

1). Procedures for application for funds from Charles and Adele Ilfeld Foundation, Inc.:

Any non-profit health care organization, certified as exempt from federal taxation under Section 501 (c) (3) of the Internal Revenue Code of the United States of America, with its principal health care facility situate in San Miguel County, Mora County, or Guadalupe County, New Mexico is authorized to apply for funds of the Charles and Adele Ilfeld Foundation, Inc. The application for funds shall be made by the directing officer of the Health Care Facility and shall include the following:

- a). Name of the owner of the Health Care Facility.
- b). Name of the operating officer of the Health Care Facility.
- c). A statement that the facility is certified as exempt by the Internal Revenue Service from payment of Federal Income taxes under Section 501 (c) (3) of the Internal Revenue Code.
- d). A statement that the applicant will distribute funds in accordance with the criteria established herein and;
- e). A statement that the applicant will retain individual records of the indigent persons whose Hospital or health care billings have been paid from Foundation funds for a period of six years. Said records must include, at a minimum, vouchers certifying to the amount billed and paid and the signed Affidavit of the indigent patient stating that said person is indigent, a copy of said Affidavit is attached hereto. Applicant, donee organization must further certify that required reports will be submitted on a quarterly basis on such date as shall be required by the Foundation.

2). Criteria for Qualification:

Indigent persons shall be those persons whose financial circumstances are such that they are unable to pay the cost of needed medical care. Indigency shall be defined as follows:

Par XV Exhibit

All persons who require or will require treatment at a Health Care Facility, who, taking into account their present income and those assets available to them and their requirements for other necessities of life, for themselves and for their dependents, are persons who are unable to pay the cost of the health care administered. This class includes those persons who are minors, whose parents or custodian is unable to afford such care, but such class does not include those persons whose expenses are covered by Medicaid, Medicare, or any other third party coverage.

- 3). In allocating funds amongst indigent applicants,
 Applicant should give priority to applicants over the age of 65
 years. However, such priorty requirements shall not be construed
 to be absolute and shall not be subordinate to situations of
 particular need.
- 4). Applicant shall insure that each person receiving Foundation funds shall have completed the indigent patient declaration statement attached hereto and shall have signed the Affidavit that such person is medically indigent.
- 5). donee organizations are required to maintain the funds distributed to them by this Foundation as Trust funds. Said funds shall be kept segregated from other funds of the applicant organization and shall not be co-mingled with other funds of the applicant organization prior to actual distribution in payment of an individual's outstanding medical bill.
- 6). All reports filed by the corporation must be certified true and correct by the operating officer of the donee organization.
- 7). By acceptance of Foundation funds, the Applicant organization agrees that the records of the Applicant shall be subject to examination by Officers and Employees of the Foundation at any reasonable time and the donee organization further agrees

tasish -xhihit

that it will make such records available upon request and will provide a reasonable facility in which such records may be examined.

- 8). Attached hereto and marked as Exhibit "1" is the indigent application form which shall be utilized by applicant organizations. Attached hereto and marked as Exhibit 2 is the form of Affidavit of Indigency which shall be utilized by Applicant organizations.
- 9). In the event all available funds have been distributed prior to the end of the fiscal year of the corporation, the Board retains the right to suspend receipt, review, and approval or disapproval of further application during the remainder of each such fiscal year.
- 10). The Board of Directors and, if so appointed, the Executive Committee, have the absolute discretion to approve or reject an application. The basis for such rejection or approval shall likewise be within the sole discretion of the Board of Directors and the Executive Committee, subject only to compliance with the general purposes for which the Foundation is organized.
- 11). In the event distributions are made pursuant to any application which shall subsequently be determined to have been falsely presented to the Foundation, the Foundation retains the right to seek recovery from any applicant by demand or action at law.
- 12). The name, amount, and fact of application shall not be considered as privileged information. The Board will not willfully reveal the details of any applicant's financial condition except to such employees or Board Members as may reasonably require such

Folm 770- El. . . V - Exhibit

information. In no event shall publication of any information regarding the applicant be considered an invasion of privacy, slander, or libel of such applicant.

13). The Board retains the right to revoke, revise, or reconsider any approval or rejection of an application.

PRESIDENT OF CHARLES AND ADELE ILFELD FOUNDATION, INC.

ATTEST:

ROBERT J. NORDHAUS Secretary-Treasurer

STATEMENT OF POLICY

- 1. Attached hereto and marked as Exhibit "A" is a letter from Mr. Robert J. Nordhaus, Secretary of the Charles and Adele Ilfeld Foundation, Inc., to Mr. David L. Allen of the United States Internal Revenue Service. Said Exhibit "A" is a complete statement of the manner in which funds will be distributed by the Charles and Adele Ilfeld Foundation, Inc., and said Exhibit "A" is formally adopted as the Foundation plan of operation policy.
- 2. Attached hereto and marked as Exhibit "B" is a Statement of the criteria to be followed by donee Health Care Organizations in applying funds provided by the Charles and Adele Foundation, Inc., in payment of the health care costs of medically indigent persons.
- 3. It shall be the policy of this corporation to require donee organizations to file quarterly reports with the President of the Foundation. Said reports shall consist of a quarterly report of the uses made of monies provided by this Foundation. The report shall include, but not be limited to, the following:
 - a). Number of individuals served.
 - b). Total amount expended.
- c). Age distribution of the individuals receiving aid, said distribution to be reported in ten year categories commencing with zero to ten and terminating with 100 and over.
- d). A certificate shall be provided with each quarterly report that the persons served were medically indigent as defined hereinbelow.
- 4. For purposes of the Foundation, medically indigent shall be defined as:

"Those persons who require or may require treatment at a health care facility, who, taking into account their present income and those assets available to them and their requirements for other necessities of life, for themselves and for their

dependents, are persons who are unable to pay the cost of the health care administered. This class includes those persons who are minors, whose parents or custodian is unable to afford such care, but such class does not include those persons whose expenses are covered by Medicaid, Medicare, or any other third party coverage.

- 5. The donee organization must agree to retain records of distribution for a total of six years, said records to include, at a minimum, the Hospital billing paid and proof of indigency, said proof including an Affidavit signed by the medically indigent person attesting to his medically indigent status.
- 6. This Statement of Policy and the exhibits attached hereto may be provided, upon request, qualified tax exempt organizations operating in San Miguel County, Mora County, or Guadalupe County, State of New Mexico. The policies established hereinabove shall be subject to modification by the Board of Directors of the Foundation and any such changes or modification to this policy shall become binding upon the donee organization upon notice.

Form 990 - PF Part XV Exhabit 29/34

SUPPLEMENTAL INFORMATION TO APPLICATION 1023 OF THE CHARLES AND ADELE ILFELD FOUNDATION, INC.

624 University Avenue Las Vegas, New Mexico 87701

Case No. 753216038 E.O. O.M.B. Clearance No. 1545-0056

ATTENTION: DAVID L. ALLEN

In response to your letter dated August 23, 1983 (copy of which is attached) with respect to the proposed activities of the Charles and Adele Infeld Foundation, Inc. the following information is provided:

- 1. The Foundation prefers not to be considered an operating foundation and therefore proposes to make grants from its income to other non-profit organizations to be disbursed to individuals in a manner consistent with the purposes of the Foundation.
- 2. The principal work of the Foundation will be to make grants to bona fide public hospitals and other non-profit health care organizations which are 501(c)(3) organizations in good standing and which provide medical services and health care in San Miguel, Mora and Guadalupe Counties of New Mexico. The Foundation will consider the applications of such organizations in accordance with the following general criteria.
 - (a) The applicant organization will distribute funds to individuals who are found to be "medically indigent" and incapable of paying for some or all of health care costs which they have incurred. Disbursements could be made for (but not limited to) the non-reimbursible portions of Part A of Medicare, Medicaid and other health care costs not covered by public assistance. Funds are not to be disbursed to individuals for the payment of medical costs which would otherwise be paid by health insurance or other public agencies. It is the intention of the Foundation that the grant funds be distributed among a relatively large group of individuals in relatively small amounts as opposed to a relatively small group of individuals in relatively large amounts, and the individuals ultimately receiving funds should be principally but not exclusively residents of San Miguel, Mora and Guadalupe Counties.
 - (b) Applicant organizations must demonstrate that their organization is capable of screening applicants and otherwise administering the funds in a fiduciary capacity in accordance with the above criteria. (Of course, the funds must be disbursed in a non-discriminatory fashion with reference to race, religion, sex and national origin.

Fig. 372.

- (c) Applicant organizations must be willing to account for their use of the funds at least annually and provide such reports as may be reasonably requested by the Foundation to determine that the funds are being appropriately used.
- (d) No applications containing the above criteria have been developed at this time.

form990-Pf Part XV-Exhibit 31/34

STATEMENT

(Name of Indigent medical patient, or person or persons
legally responsible for patient's debts)
ADDRESS:
•
HOSPITAL:
JOC I OK:
DATES OF MEDICAL CARE
DATES OF DOCTOR VISITS:
ADMITTING PHYSICIAN:
COTAL HOSPITAL COST:\$
(Itemized Statement attached)
COTAL DOCTOR COST:\$
PATIENT, INSURANCE OR MEDICARE PAID\$
A
ALANCE OWING:\$
Briefly inform us as to the medical nature of the case, with a
iew toward the recovery of the patient, period of recuperation,
isability that may effect future earning power of patient, etc.
he undersigned has checked all charges for the above patient and

finds the amount is the correct balance as of this date:

AUTHORIZED REPRESENTATIVE of Applicant

Form 990-PF Part XV - Exhibit 32/34

INDIGENT PATIENT DECLARATION STATEMENT

STATE OF NEW MEXICO) A F F I D	<u>A V I T</u>
)SS	•
COUNTY OF)	·
I, sworn, upon oath say:	being first duly
my account with	funds or source of income to pay
in the amount of \$	or any part thereof.
That I have no insurance to co	over this account:
If insured, my insurance carri	ier is:
That I do not have any propert be made subject to or assigned for	ty or sufficient assets which can the payment of said account
That I do not foresee any prop can be made subject to or assigned account:	perty or sufficient assets which differ the payment of said
Those assets currently owned be the necessities of life but are in this account.	by me are suffcient to provide isufficient to provide and to pay
I hereby authorize release information regarding this and I specifically waive any legal revealing such information.	to application to third persons claim I have or might have for
DATED thisday of	19
	APPLICANT
Subscribed and sworn to before	me thisday of
(SEAL)	NOTARY PUBLIC
-	•
My Commission Expires:	12. XV - Fxt 33./34
	53./ 34

I, the undersigned, hereby verify that I qualify as an
"Indigent Patient", which is as follows:

Those persons eligible for charitable or below cost services will be described as follows:

All persons who require or will require treatment at , who, taking into account their present income and those assets available to them and their requirements for other necessities of life, for themselves and for their dependents, are persons who are unable to pay the cost of the medical care administered. This class includes those persons who are minors, whose parent or custodian is unable to afford such care, but such class does not include those persons whose expenses are covered by Medicaid, Medicare, or any other third party coverage.

I, the undersigned, hereby authorize _______, to make any inquiry of any person, firm or corporation relevant to this statement and further authorize any person, firm or corporation to provide pertinent information as may be requested by said medical facility or Board. This statement and all entries on it constitute an oath of the person signing it.

DATED thisday o	·£
	INDIGENT PATIENT
WITNESS	·

Form 990. PF Part XU-Exhibit 34/34